

Sponsor Site Monitoring Form for CENTERS

Date of visit: _____ Time of visit: _____ Unannounced? Yes OR No

1. Center Name _____

2. Address _____

3. List any **problems** found on prior visits:

4. **License#**: _____ Capacity: _____ Expiration date: _____ *If expired-* Renewal Process Verified? Y N

5. Days /Hours of Operation: _____

6 Health and Safety standards met if applicable? _____

7. **"And Justice For All"** flyer posted? Y N 8. **WIC** information disseminated? Y N

9. **"Building for the Future"** flyer posted /disseminated? Y N

10. Meals served: (*circle all that apply*) B AM L PM S E

11. Daily dated **Menu** posted? Y N 12. **Meal Patterns** meets USDA requirements? Y N

13. Meal Observed (*circle/fill in meal observed*)

Breakfast	Lunch / Supper	Supplement/Snack (AM PM E)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

14. Observed meal matches posted menu? Y N 15. Meal served at time listed on Application? Y N

16. **Production reports** completed before meal was prepared and served? Y N N/A

How did the cook know how much to prepare? _____

Was there enough food prepared to meet the quantities needed for total children? Y N

17. **Infant Menu/Production Report** posted and completed for Infants in care? Y N NA

18. Complete **IEF's/ Enrollments** up to date/on file for each child, including Race/Ethnicity? Y N

List any that are missing: _____

19. Medical statements on file for all food substitutions related to medical / special dietary needs? Y N

20. Are written parental requests on file for milk substitutions related to special dietary needs? Y N

21. Was an accurate Point of Service **meal count** taken at this Center meal? _____

22. Number of children served at meal observed _____ Number claimed _____ (if different)

23. *** Insert /Complete a 5 - day reconciliation sheet here! ***

24. Do the meal counts for the previous 5 days appear reasonable when compared to today's count? _____

25. The last three **monitoring** visits were dated: _____ and _____

26. Was **training** in CACFP related requirements completed in the past year for all applicable staff at this center? Y N

Last training date for this Center: _____

27. Was fat free or 1% milk served to children over 2 years of age? Y N

28. Was potable water made available to children? Y N

29. **Are all meals, services and facilities available to all enrolled participants without regard to race, color, national origin, sex, age, or handicap?** _____

CENTER BEST PRACTICE: COMPLETION OPTIONAL

30. Appropriate hand washing procedures followed by staff and children? _____

31. Sanitary procedures followed in all aspects of food service? _____

a. Kitchen kept clean at all times? _____ b. Garbage cans covered and emptied regularly? _____

c. Describe procedure for sanitizing dishes and utensils _____

d. Cold storage 40 degrees or below? _____ e. Freezer storage 0 degrees or below? _____

f. Hot food checked for correct temperatures before serving? _____

g. Meal areas and surfaces cleaned and sanitized before the meals? _____

h. Are meals served proportioned or family style? _____ i. Did children assist in meal service? _____

j. Are leftovers properly stored or disposed of? _____

List any **problems**/findings found during this Center visit:

Based on these findings, is a follow-up visit warranted? Y N

Sponsor/Monitor Signature _____

Date: _____

Center/Director Signature _____

Date: _____